

Data Management Report

February 2017

Quality Management
Data Management Report

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A **Demographics for HCBS Waiver Recipients**

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

| Statewide Waiver Monthly Active Participants | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| East | 2027 | 2009 | 2015 | 2014 | 2010 | 2003 | 1999 | | | | | |
| Middle | 1932 | 1924 | 1926 | 1923 | 1919 | 1916 | 1911 | | | | | |
| West | 1138 | 1130 | 1124 | 1124 | 1125 | 1124 | 1116 | | | | | |
| Statewide | 5097 | 5063 | 5065 | 5061 | 5054 | 5043 | 5026 | 0 | 0 | 0 | 0 | 0 |

| Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month) | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Approved waiver participants per calendar year. | 5255 | 5255 | 5255 | 5255 | 5255 | 5255 | 5135 | | | | | |
| Unduplicated waiver participants. | 5180 | 5183 | 5188 | 5194 | 5200 | 5200 | 5048 | | | | | |
| # of slots remaining for calendar year | 75 | 72 | 67 | 61 | 55 | 55 | 87 | 0 | 0 | 0 | 0 | 0 |

| CAC Waiver Monthly Active Participants | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| East | 491 | 489 | 487 | 494 | 481 | 479 | 477 | | | | | |
| Middle | 527 | 524 | 524 | 524 | 517 | 516 | 511 | | | | | |
| West | 730 | 733 | 731 | 730 | 728 | 726 | 727 | | | | | |
| Statewide | 1748 | 1746 | 1742 | 1748 | 1726 | 1721 | 1715 | 0 | 0 | 0 | 0 | 0 |

| Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month) | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Approved waiver participants per calendar year. | 1923 | 1923 | 1923 | 1923 | 1923 | 1923 | 1923 | | | | | |
| Unduplicated waiver participants. | 1805 | 1806 | 1807 | 1807 | 1809 | 1811 | 1723 | | | | | |
| # of slots remaining for calendar year | 118 | 117 | 116 | 116 | 114 | 112 | 200 | | | | | |

| SD Waiver Monthly Active Participants | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| East | 404 | 406 | 404 | 403 | 399 | 397 | 398 | | | | | |
| Middle | 467 | 463 | 463 | 465 | 465 | 465 | 463 | | | | | |
| West | 373 | 368 | 369 | 368 | 367 | 367 | 365 | | | | | |
| Statewide | 1244 | 1237 | 1236 | 1236 | 1231 | 1229 | 1226 | 0 | 0 | 0 | 0 | 0 |

| Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month) | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Approved waiver participants per calendar year. | 1802 | 1802 | 1802 | 1802 | 1802 | 1802 | 1802 | | | | | |
| Unduplicated waiver participants. | 1312 | 1313 | 1313 | 1313 | 1313 | 1313 | 1229 | | | | | |
| # of slots remaining for calendar year | 490 | 489 | 489 | 489 | 489 | 489 | 573 | | | | | |

The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.

| DIDD Demographics Full State Funded (CS Tracking) | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| East | 3 | 3 | 3 | 3 | 3 | 3 | 3 | | | | | |
| Middle | 1 | 1 | 1 | 0 | 0 | 0 | 0 | | | | | |
| West | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | |
| HJC FAU (Forensic) | 4 | 5 | 4 | 4 | 4 | 4 | 3 | | | | | |
| HJC BSU (Behavior) | 4 | 3 | 3 | 3 | 3 | 3 | 4 | | | | | |
| Statewide | 13 | 13 | 12 | 11 | 11 | 11 | 11 | 0 | 0 | 0 | 0 | 0 |

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

| DIDD recipients in private ICF/IID receiving state funded ISC srvs | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| East | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Middle | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| West | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Statewide | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Developmental Center census | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| GVDC | 60 | 58 | 57 | 57 | 55 | 50 | 44 | | | | | |
| HJC- Day One (ICF) | 6 | 6 | 7 | 7 | 8 | 6 | 6 | | | | | |
| Total | 66 | 64 | 64 | 64 | 63 | 56 | 50 | 0 | 0 | 0 | 0 | 0 |

| DIDD community homes ICF/IID census | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| East | 63 | 62 | 60 | 61 | 61 | 63 | 64 | | | | | |
| Middle | 36 | 36 | 36 | 35 | 36 | 36 | 36 | | | | | |
| West | 48 | 48 | 48 | 48 | 47 | 47 | 47 | | | | | |
| TOTAL | 147 | 146 | 144 | 144 | 144 | 146 | 147 | 0 | 0 | 0 | 0 | 0 |

| DIDD SERVICE CENSUS* | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total receiving DIDD funded services | 8315 | 8269 | 8263 | 8264 | 8229 | 8206 | 8175 | 0 | 0 | 0 | 0 | 0 |

*Note: Persons NOT included in this Census are those in Private ICF/ID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

| Census by Region | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| East | 3048 | 3027 | 3026 | 3032 | 3009 | 2995 | 2985 | 0 | 0 | 0 | 0 | 0 |
| Middle | 2977 | 2962 | 2964 | 2961 | 2952 | 2946 | 2934 | | | | | |
| West | 2290 | 2280 | 2273 | 2271 | 2268 | 2265 | 2256 | 0 | 0 | 0 | 0 | 0 |
| Total | 8315 | 8269 | 8263 | 8264 | 8229 | 8206 | 8175 | | | | | |

B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

| ALL Waiver Enrollments | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | FYTD |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| CAC | 0 | 1 | 1 | 0 | 2 | 2 | 2 | | | | | | 8 |
| SD Waiver | 10 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | | 11 |
| Statewide Waiver | 10 | 3 | 6 | 6 | 5 | 1 | 4 | | | | | | 35 |
| Total Waiver Enrollments | 20 | 5 | 7 | 6 | 7 | 3 | 6 | | | | | | 54 |

| CAC Waiver Enrollments | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | FYTD |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| East | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Middle | 0 | 1 | 0 | 0 | 1 | 1 | 1 | | | | | | 4 |
| West | 0 | 0 | 1 | 0 | 1 | 1 | 1 | | | | | | 4 |
| Grand Total CAC Waiver | 0 | 1 | 1 | 0 | 2 | 2 | 2 | | | | | | 8 |

| SD Waiver Enrollments | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | FYTD |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| East | 3 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | | 4 |
| Middle | 3 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 3 |
| West | 4 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 4 |
| Grand Total SD Waiver | 10 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | | 11 |

| SD Waiver Aging Caregiver | | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | FYTD |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| Aging Caregiver is included in Total SD Waiver Count Above | East | 2 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | | 3 |
| | Middle | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| | West | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 1 |
| | Total | 3 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | | 4 |

Statewide Waiver Enrollments by Referral Source

| Crisis | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | FYTD |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| East | 3 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | | 4 |
| Middle | 1 | 0 | 0 | 1 | 0 | 1 | 0 | | | | | | 3 |
| West | 2 | 0 | 1 | 0 | 1 | 0 | 0 | | | | | | 4 |
| Total | 6 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | | 11 |

APS, CHOICES and Correctional Facility categories are included in the CRISIS count above. These are Secondary Enrollment Categories.

| CORRECTIONAL FACILITY | |
|-----------------------|--------------|
| | East |
| | Middle |
| | West |
| | Total |

| DCS Enrollments |
|-----------------|
| East |
| Middle |
| West |
| Total |

| |
|--------------------------------------|
| DC Transitions into Statewide |
| GVDC |
| HJC |
| Total |

| ICF Transfer Enrollments |
|--------------------------|
| East |
| Middle |
| West |
| Total |

| MH Enrollments |
|----------------|
| East |
| Middle |
| West |
| Total |

| PASRR NON NF |
|---------------------|
| East |
| Middle |
| West |
| Total |

| PASRR in NF |
|--------------|
| East |
| Middle |
| West |
| Total |

| SD Waiver Transfers |
|---------------------|
| East |
| Middle |
| West |
| Total |

| Total by Region | |
|-------------------------------|--|
| East | |
| Middle | |
| West | |
| Grand Total Statewide Waiters | |

Analysis

There were 6 waiver enrollments for January 2017. 0 individuals were enrolled into the SD waiver. 4 individuals were enrolled into the Statewide waiver. 2 individuals were enrolled into the CAC waiver.

| CAC Waiver | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | FYTD |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| Voluntary | 2 | 1 | 0 | 0 | 0 | 1 | 0 | | | | | | 4 |
| Involuntary- Death | 13 | 1 | 2 | 6 | 7 | 7 | 6 | | | | | | 42 |
| Involuntary- Safety | 0 | 0 | 0 | 1 | 0 | 0 | 0 | | | | | | 1 |
| Involuntary- Incarceration | 2 | 0 | 0 | 0 | 1 | 0 | 0 | | | | | | 3 |
| Involuntary- NF > 90 Days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Involuntary- Out of State | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Total Disenrolled | 17 | 2 | 2 | 7 | 8 | 8 | 6 | | | | | | 50 |

| SD Waiver | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | FYTD |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| Voluntary | 0 | 1 | 2 | 2 | 3 | 3 | 1 | | | | | | 12 |
| Involuntary- Death | 0 | 2 | 2 | 1 | 0 | 1 | 0 | | | | | | 6 |
| Involuntary- Safety | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Involuntary- Incarceration | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Involuntary- NF > 90 Days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Involuntary- Out of State | 2 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 2 |
| Total Disenrolled | 2 | 3 | 4 | 3 | 3 | 4 | 1 | | | | | | 20 |

| Statewide Waiver | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | FYTD |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| Voluntary | 2 | 3 | 5 | 3 | 3 | 2 | 4 | | | | | | 22 |
| Involuntary- Death | 10 | 11 | 7 | 10 | 5 | 13 | 13 | | | | | | 69 |
| Involuntary- Safety | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Involuntary- Incarceration | 0 | 0 | 0 | 1 | 0 | 0 | 0 | | | | | | 1 |
| Involuntary- NF > 90 Days | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 1 |
| Involuntary- Out of State | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | | | 1 |
| Total Disenrolled | 13 | 14 | 12 | 14 | 9 | 15 | 17 | | | | | | 94 |

| | | | | | | | | | | | | | |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|------------|
| Total Waiver Disenrollments: | 32 | 19 | 18 | 24 | 20 | 27 | 24 | 0 | 0 | 0 | 0 | 0 | 164 |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|------------|

For January 2017, there were 26 waiver discharges. 6 people were discharged from the CAC waiver. 17 people discharged from the statewide waiver. There was 1 discharge from the SD Waiver.

Census reflects the number of people in the facility on the last day of the month.

| Greene Valley | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | FYTD |
|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| Census [June 2016 60] | 60 | 58 | 57 | 57 | 55 | 50 | 44 | | | | | | |
| Discharges | | | | | | | | | | | | | |
| Death | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | | 1 |
| Transition to another dev center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to community state ICF | 0 | 0 | 0 | 0 | 0 | 2 | 0 | | | | | | 2 |
| Transition to private ICF | 0 | 1 | 1 | 0 | 2 | 3 | 6 | | | | | | 13 |
| Transition to waiver program | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to non DIDD svcs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Total Discharges | 0 | 2 | 1 | 0 | 2 | 5 | 6 | | | | | | 16 |

[illegible]

| Harold Jordan Center | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | |
|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| Census [June 2016 15] | 14 | 14 | 14 | 14 | 15 | 13 | 13 | | | | | | |
| Admissions | FYTD | | | | | | | | | | | | |
| HJC Day One (ICF) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| HJC FAU (SF) | 0 | 1 | 0 | 0 | 1 | 0 | 0 | | | | | | 2 |
| HJC BSU (SF) | 0 | 0 | 0 | 0 | 1 | 0 | 2 | | | | | | 3 |
| Total Admissions | 0 | 1 | 0 | 0 | 2 | 0 | 2 | | | | | | 5 |
| Discharges | | | | | | | | | | | | | |
| Death | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to community state ICF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to private ICF | 0 | 0 | 0 | 0 | 0 | 1 | 1 | | | | | | 2 |
| Transition to waiver program | 0 | 1 | 0 | 0 | 1 | 1 | 0 | | | | | | 3 |
| Transition back to community | 1 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | | 2 |
| Total Discharges | 1 | 1 | 0 | 0 | 1 | 2 | 2 | | | | | | 7 |
| East Public ICF Homes | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | |
| Census [June 2016 63] | 63 | 62 | 60 | 61 | 61 | 63 | 64 | | | | | | FYTD |
| Admissions | 0 | 0 | 0 | 1 | 0 | 2 | 1 | | | | | | 4 |
| Discharges | | | | | | | | | | | | | |
| Death | 0 | 1 | 2 | 0 | 0 | 0 | 0 | | | | | | 3 |
| Transition to another dev center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to community state ICF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to private ICF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to waiver program | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to non DIDD srvs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Total Discharges | 0 | 1 | 2 | 0 | 0 | 0 | 0 | | | | | | 3 |
| Middle Public ICF Homes | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | |
| Census [June 2016 36] | 36 | 36 | 36 | 35 | 36 | 36 | 36 | | | | | | FYTD |
| Admissions | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | | | 1 |
| Discharges | | | | | | | | | | | | | |
| Death | 0 | 0 | 0 | 1 | 0 | 0 | 0 | | | | | | 1 |
| Transition to another dev center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to public state ICF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to private ICF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to waiver program | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to non DIDD srvs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Total Discharges | 0 | 0 | 0 | 1 | 0 | 0 | 0 | | | | | | 1 |
| West Public ICF Homes | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | |
| Census [June 2016 48] | 48 | 48 | 48 | 48 | 47 | 47 | 48 | | | | | | FYTD |
| Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | | 1 |
| Discharges | | | | | | | | | | | | | |
| Death | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | | | 1 |
| Transition to another dev center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to public state ICF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to private ICF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to waiver program | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Transition to non DIDD srvs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| Total Discharges | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | | | 1 |

Analysis:

For January 2017 HJC had 2 admissions and 2 discharges bringing the census to 13. ETCH had 0 discharges and 1 admissions which raised the census to 64. MTH had 0 admissions which held the census at 36 , WTCB had 0 discharges and 1 admissions which raised the census to 48 and GVDC had 6 transitions, which decreased the census to 44.

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| D Protection From Harm/ Complaint Resolution | | | | | | | | | | | | |
| Data Source: | | | | | | | | | | | | |
| Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region. | | | | | | | | | | | | |

| Complaints by Source- Self Determination Waiver | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total # of Complaints | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| # from TennCare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % from TennCare | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # from a Concerned Citizen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % from a Concerned Citizen | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # from the Waiver Participant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % from the Waiver Participant | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # from a Family Member | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % from a Family Member | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # from Conservator | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % from Conservator | 100% | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Advocate (Paid) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % from Advocate (Paid) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # from PTP Interview | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % from PTP Interview | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |

| Complaints by Source - Statewide Waiver | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total # of Complaints | 4 | 12 | 10 | 7 | 4 | 11 | 16 | | | | | |
| # from TennCare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % from TennCare | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # from a Concerned Citizen | 2 | 6 | 4 | 1 | 1 | 1 | 0 | | | | | |
| % from a Concerned Citizen | 50% | 50% | 40% | 14% | 25% | 9% | N/A | | | | | |
| # from the Waiver Participant | 0 | 0 | 0 | 1 | 0 | 2 | 3 | | | | | |
| % from the Waiver Participant | N/A | N/A | N/A | 14% | N/A | 18% | 19% | | | | | |
| # from a Family Member | 0 | 4 | 1 | 1 | 2 | 8 | 3 | | | | | |
| % from a Family Member | N/A | 33% | 10% | 14% | 50% | 73% | 19% | | | | | |
| # from Conservator | 2 | 2 | 5 | 4 | 1 | 0 | 10 | | | | | |
| % from Conservator | 50% | 17% | 50% | 57% | 25% | N/A | 63% | | | | | |
| # Advocate (Paid) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % from Advocate (Paid) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # from PTP Interview | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % from PTP Interview | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |

| Complaints by Source - CAC | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|-------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total # of Complaints | 2 | 6 | 1 | 2 | 5 | 5 | 2 | | | | | |
| # from TennCare | 0 | 0 | 0 | 0 | 0 | 1 | 0 | | | | | |
| % from TennCare | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # from a Concerned Citizen | 1 | 3 | 1 | 0 | 0 | 1 | 0 | | | | | |
| % from a Concerned Citizen | 50% | 50% | 100% | N/A | N/A | 20% | N/A | | | | | |
| # from the Waiver Participant | 1 | 0 | 0 | 0 | 0 | 1 | 0 | | | | | |
| % from the Waiver Participant | 50% | N/A | N/A | N/A | N/A | 20% | N/A | | | | | |
| # from a Family Member | 0 | 2 | 0 | 0 | 1 | 0 | 0 | | | | | |
| % from a Family Member | N/A | 33% | N/A | N/A | 20% | N/A | N/A | | | | | |
| # from Conservator | 0 | 1 | 0 | 2 | 4 | 3 | 0 | | | | | |
| % from Conservator | N/A | 17% | N/A | 100% | 80% | 60% | N/A | | | | | |
| # Advocate (Paid) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % from Advocate (Paid) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # from PTP Interview | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | | | | |
| % from PTP Interview | N/A | N/A | N/A | N/A | N/A | N/A | 100% | | | | | |

| Complaints by Issue- Self Determination Waiver | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total Number of Complaints | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| # Behavior Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Behavior Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Day Service Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Day Service Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Environmental Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Environmental Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Financial Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Financial Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Health Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Health Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Human Rights Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Human Rights Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # ISC Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % ISC Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # ISP Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % ISP Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Staffing Issues | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Staffing Issues | 100% | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Therapy Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Therapy Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Transportation Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Transportation Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Case Management Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Case Management Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Other Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Other Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |

| Complaints by Issue - Statewide Waiver | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total Number of Complaints | 4 | 12 | 10 | 7 | 4 | 11 | 16 | | | | | |
| # Behavior Issues | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | | | |
| % Behavior Issues | N/A | N/A | 10% | N/A | N/A | N/A | N/A | | | | | |
| # Day Service Issues | 0 | 0 | 0 | 1 | 0 | 2 | 3 | | | | | |
| % Day Service Issues | N/A | N/A | N/A | 14% | N/A | 18% | 19% | | | | | |
| # Environmental Issues | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | |
| % Environmental Issues | N/A | N/A | N/A | N/A | N/A | N/A | 6% | | | | | |
| # Financial Issues | 0 | 3 | 3 | 0 | 0 | 1 | 2 | | | | | |
| % Financial Issues | N/A | 25% | 30% | N/A | N/A | 9% | 13% | | | | | |
| # Health Issues | 0 | 2 | 1 | 0 | 1 | 2 | 0 | | | | | |
| % Health Issues | N/A | 17% | 10% | N/A | 25% | 18% | N/A | | | | | |
| # Human Rights Issues | 0 | 2 | 2 | 2 | 0 | 1 | 0 | | | | | |
| % Human Rights Issues | N/A | 17% | 20% | 29% | N/A | 9% | N/A | | | | | |
| # ISC Issues | 0 | 0 | 0 | 1 | 0 | 2 | 2 | | | | | |
| % ISC Issues | N/A | N/A | N/A | 14% | N/A | 18% | 13% | | | | | |
| # ISP Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % ISP Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Staffing Issues | 4 | 5 | 3 | 3 | 3 | 3 | 7 | | | | | |
| % Staffing Issues | 100% | 42% | 30% | 43% | 75% | 27% | 44% | | | | | |
| # Therapy Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Therapy Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Transportation Issues | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | |
| % Transportation Issues | N/A | N/A | N/A | N/A | N/A | N/A | 6% | | | | | |
| # Case Management Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Case Management Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Other Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Other Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |

| Complaints by Issue - CAC | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total Number of Complaints | 2 | 6 | 1 | 2 | 5 | 5 | 2 | | | | | |
| # Behavior Issues | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Behavior Issues | N/A | 17% | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Day Service Issues | 1 | 0 | 0 | 0 | 0 | 1 | 0 | | | | | |
| % Day Service Issues | 50% | N/A | N/A | N/A | N/A | 20% | N/A | | | | | |
| # Environmental Issues | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Environmental Issues | N/A | 17% | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Financial Issues | 0 | 2 | 0 | 1 | 1 | 0 | 0 | | | | | |
| % Financial Issues | N/A | 33% | N/A | 50% | 20% | N/A | N/A | | | | | |
| # Health Issues | 0 | 0 | 1 | 0 | 0 | 1 | 0 | | | | | |
| % Health Issues | N/A | N/A | 100% | N/A | N/A | 20% | N/A | | | | | |
| # Human Rights Issues | 1 | 1 | 0 | 0 | 0 | 1 | 1 | | | | | |
| % Human Rights Issues | 50% | 17% | N/A | N/A | N/A | 20% | 50% | | | | | |
| # ISC Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % ISC Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # ISP Issues | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | |
| % ISP Issues | N/A | N/A | N/A | N/A | N/A | N/A | 50% | | | | | |
| # Staffing Issues | 0 | 0 | 0 | 1 | 4 | 2 | 0 | | | | | |
| % Staffing Issues | N/A | N/A | N/A | 50% | 80% | 40% | N/A | | | | | |
| # Therapy Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Therapy Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Transportation Issues | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Transportation Issues | N/A | 17% | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Case Management Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Case Management Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| # Other Issues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % Other Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR JANUARY 2017 REPORT.

There were **(18) complaint issues** statewide by provider reports as documented in Crystal Reports. This is an increase of **two (2)** from the previous month. There were **ZERO** SD Waiver complaints. There were **two (2)** complaint issues from the **CAC** waiver and **16** complaint issues for the **Statewide** Waiver. These issues were resolved with person-centered face-to-face meetings and other means of communication with the COS. For those due, there was 100% compliance for resolving complaints within 30 days for the month of January 2017.

THE MAIN COMPLAINT ISSUES involved staff supervision/management (4) day services (3), financial (2), ISC (2), environmental (1), human rights (1), ISP (1), staff communication (1), staff training (1), staff treatment (1), and transportation (1).

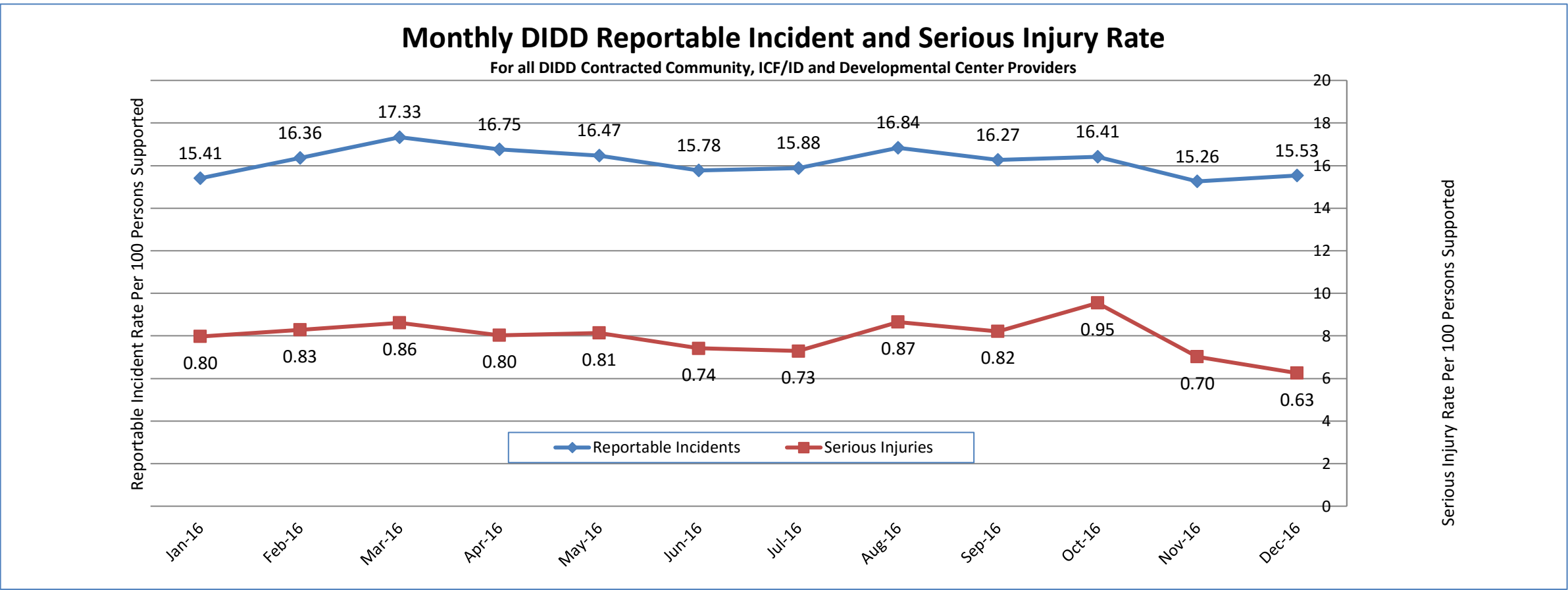
There were a total of **37 advocacy interventions** completed by the statewide CFS team in January 2017. This is an increase of **(12)** interventions from the prior month. Advocacy interventions are activities conducted by CFS, as requested, that are not formal complaints documented in COSMOS.**

FOCUS GROUPS were held in Memphis, Jackson, Greeneville, and Knoxville. There were approximately **105** participants in the Focus Groups. Topics included history of creating Focus Groups, PCF process, First Aid, New Year’s Resolutions/Accomplishments from 2016, and holiday activities. **

****Due to shadowing the new Middle Regional Coordinator worked on cases with the S. Baskerville; therefore, their numbers are basically the same but only counted one time for the purpose of this report.**

****Of note Middle Region’s Focus Groups have been placed on hold until another venue can be located. One Cannon Way is under reconstruction.**

| D | | Protection From Harm/Incident Management | | | | | | | | | | | | |
|---|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Data Source: | | | | | | | | | | | | | | |
| The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D. | | | | | | | | | | | | | | |
| Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010. | | | | | | | | | | | | | | |
| Incidents / East | | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | YTD |
| | # of Reportable Incidents | 497 | 508 | 533 | 570 | 586 | 540 | 559 | | | | | | 3793 |
| | Rate of Reportable Incidents per 100 people | 15.00 | 15.32 | 16.17 | 17.299 | 17.75 | 16.45 | 17.11 | | | | | | 16.4 |
| | # of Serious Injuries | 26 | 17 | 29 | 34 | 29 | 24 | 21 | | | | | | 180 |
| | Rate of Incidents that were Serious Injuries per 100 people | 0.78 | 0.51 | 0.88 | 1.03 | 0.88 | 0.73 | 0.64 | | | | | | 0.8 |
| | # of Incidents that were Falls | 35 | 29 | 37 | 38 | 34 | 33 | 50 | | | | | | 256 |
| | Rate of Falls per 100 people | 1.06 | 0.87 | 1.12 | 1.15 | 1.03 | 1.01 | 1.53 | | | | | | 1.1 |
| | # of Falls resulting in serious injury | 8 | 9 | 12 | 17 | 10 | 15 | 10 | | | | | | 81 |
| | % of serious injuries due to falls | 30.8% | 52.9% | 41.4% | 50.0% | 34.5% | 62.5% | 47.6% | | | | | | 45.7% |
| Incidents / Middle | | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | YTD |
| | # of Reportable Incidents | 520 | 529 | 569 | 464 | 479 | 415 | 465 | | | | | | 3441 |
| | Rate of Reportable Incidents per 100 people | 16.12 | 16.3 | 17.62 | 14.356 | 14.83 | 12.89 | 14.47 | | | | | | 15.2 |
| | # of Serious Injuries | 24 | 30 | 28 | 30 | 33 | 26 | 19 | | | | | | 190 |
| | Rate of Incidents that were Serious Injuries per 100 people | 0.74 | 0.92 | 0.88 | 0.93 | 1.02 | 0.81 | 0.59 | | | | | | 0.8 |
| | # of Incidents that were Falls | 25 | 54 | 32 | 46 | 49 | 38 | 30 | | | | | | 274 |
| | Rate of Falls per 100 people | 0.78 | 1.66 | 0.99 | 1.42 | 1.52 | 1.18 | 0.93 | | | | | | 1.2 |
| | # of Falls resulting in serious injury | 9 | 15 | 12 | 12 | 18 | 11 | 12 | | | | | | 89 |
| | % of serious injuries due to falls | 37.5% | 50.0% | 42.9% | 40.0% | 54.5% | 42.3% | 63.2% | | | | | | 47.2% |
| Incidents / West | | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | YTD |
| | # of Reportable Incidents | 409 | 404 | 416 | 432 | 414 | 415 | 367 | | | | | | 2857 |
| | Rate of Reportable Incidents per 100 people | 16.36 | 16.17 | 16.71 | 17.41 | 16.69 | 16.75 | 14.83 | | | | | | 16.4 |
| | # of Serious Injuries | 17 | 19 | 21 | 10 | 24 | 13 | 16 | | | | | | 120 |
| | Rate of Incidents that were Serious Injuries per 100 people | 0.68 | 0.76 | 0.84 | 0.40 | 0.97 | 0.52 | 0.65 | | | | | | 0.7 |
| | # of Incidents that were Falls | 22 | 28 | 34 | 12 | 33 | 29 | 30 | | | | | | 188 |
| | Rate of Falls per 100 people | 0.88 | 1.12 | 1.37 | 0.48 | 1.33 | 1.17 | 1.21 | | | | | | 1.1 |
| | # of Falls resulting in serious injury | 9 | 9 | 13 | 2 | 7 | 8 | 9 | | | | | | 57 |
| | % of serious injuries due to falls | 52.9% | 47.4% | 61.9% | 20.0% | 29.2% | 61.5% | 56.3% | | | | | | 47.0% |
| Incidents / Statewide | | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | YTD |
| | # of Reportable Incidents | 1426 | 1439 | 1518 | 1466 | 1479 | 1370 | 1391 | | | | | | 10089 |
| | Rate of Reportable Incidents per 100 people | 15.78 | 15.88 | 16.84 | 16.27 | 16.41 | 15.26 | 15.53 | | | | | | 16.0 |
| | # of Serious Injuries | 67 | 66 | 78 | 74 | 86 | 63 | 56 | | | | | | 490 |
| | Rate of Incidents that were Serious Injuries per 100 people | 0.74 | 0.73 | 0.87 | 0.82 | 0.95 | 0.70 | 0.63 | | | | | | 0.8 |
| | # of Incidents that were Falls | 82 | 111 | 103 | 96 | 116 | 100 | 110 | | | | | | 718 |
| | Rate of Falls per 100 people | 0.91 | 1.23 | 1.14 | 1.07 | 1.29 | 1.11 | 1.23 | | | | | | 1.1 |
| | # of Falls resulting in serious injury | 26 | 33 | 37 | 31 | 35 | 34 | 31 | | | | | | 227 |
| | % of serious injuries due to falls | 38.8% | 50.0% | 47.4% | 41.9% | 40.7% | 54.0% | 55.4% | | | | | | 46.9% |



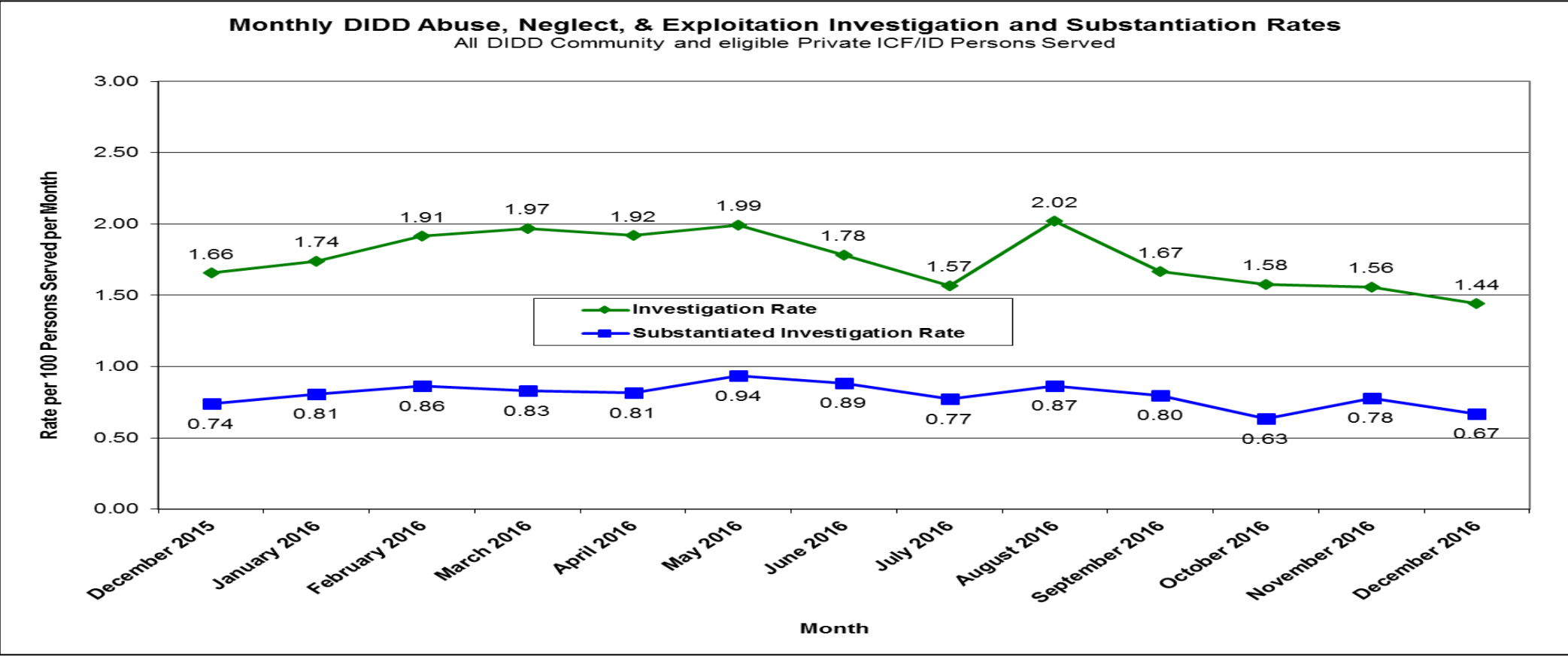
PFH Analysis: Incident Management
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for December 2016 increased from 15.26 to 15.53. The rate of Serious Injury per 100 persons supported decreased from 0.70 to 0.63. The rate of Falls per 100 persons supported increased from 1.11 to 1.23. The number of Serious Injuries due to Falls decreased slightly from 34 to 31. The percentage of Serious Injuries due to Falls was 55.4%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for January 2015 – December 2016 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, January 2015 – December 2015, was 15.52 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, January 2016 – December 2016, is 16.19 per 100 persons supported. Analysis showed an increase of 0.67 in the average incident rate.

| | | | | | | | | | | | | | |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| D | Protection From Harm/Investigations | | | | | | | | | | | | |
| East Region | | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 |
| Census | | 3314 | 3317 | 3296 | 3295 | 3302 | 3282 | 3268 | | | | | |
| # of Investigations | | 52 | 41 | 49 | 36 | 38 | 36 | 35 | | | | | |
| Rate of Investigations per 100 people | | 1.57 | 1.24 | 1.49 | 1.09 | 1.15 | 1.10 | 1.07 | | | | | |
| # of Substantiated Investigations | | 23 | 19 | 11 | 12 | 17 | 19 | 15 | | | | | |
| Rate of Substantiated Investigations per 100 people | | 0.69 | 0.57 | 0.33 | 0.36 | 0.51 | 0.58 | 0.46 | | | | | |
| Percentage of Investigations Substantiated | | 44% | 46% | 22% | 33% | 45% | 53% | 43% | | | | | |
| | | | | | | | | | | | | | |
| Middle Region | | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 |
| Census | | 3225 | 3245 | 3230 | 3232 | 3229 | 3220 | 3214 | | | | | |
| # of Investigations | | 60 | 58 | 79 | 57 | 51 | 56 | 48 | | | | | |
| Rate of Investigations per 100 people | | 1.86 | 1.79 | 2.45 | 1.76 | 1.58 | 1.74 | 1.49 | | | | | |
| # of Substantiated Investigations | | 36 | 36 | 41 | 29 | 22 | 31 | 24 | | | | | |
| Rate of Substantiated Investigations per 100 people | | 1.12 | 1.11 | 1.27 | 0.90 | 0.68 | 0.96 | 0.75 | | | | | |
| Percentage of Investigations Substantiated | | 60% | 62% | 52% | 51% | 43% | 55% | 50% | | | | | |
| | | | | | | | | | | | | | |
| West Region | | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 |
| Census | | 2500 | 2499 | 2489 | 2482 | 2480 | 2477 | 2474 | | | | | |
| # of Investigations | | 49 | 43 | 54 | 57 | 53 | 48 | 46 | | | | | |
| Rate of Investigations per 100 people | | 1.96 | 1.72 | 2.17 | 2.30 | 2.14 | 1.94 | 1.86 | | | | | |
| # of Substantiated Investigations | | 21 | 15 | 26 | 31 | 18 | 20 | 21 | | | | | |
| Rate of Substantiated Investigations per 100 people | | 0.84 | 0.60 | 1.04 | 1.25 | 0.73 | 0.81 | 0.85 | | | | | |
| Percentage of Investigations Substantiated | | 43% | 35% | 48% | 54% | 34% | 42% | 46% | | | | | |
| | | | | | | | | | | | | | |
| Statewide | | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 |
| Census | | 9039 | 9061 | 9015 | 9009 | 9011 | 8979 | 8956 | | | | | |
| # of Investigations | | 161 | 142 | 182 | 150 | 142 | 140 | 129 | | | | | |
| Rate of Investigations per 100 people | | 1.78 | 1.57 | 2.02 | 1.67 | 1.58 | 1.56 | 1.44 | | | | | |
| # of Substantiated Investigations | | 80 | 70 | 78 | 72 | 57 | 70 | 60 | | | | | |
| Rate of Substantiated Investigations per 100 people | | 0.89 | 0.77 | 0.87 | 0.80 | 0.63 | 0.78 | 0.67 | | | | | |
| Percentage of Investigations Substantiated | | 50% | 49% | 43% | 48% | 40% | 50% | 47% | | | | | |



| | |
|--|-------------------------------------|
| D | Protection From Harm/Investigations |
| Analysis: | |
| <p>PFH Analysis: Investigations</p> <p>Chart: Monthly Rates: Investigations Opened/Substantiated</p> <p>During the month of November, 2016, 140 investigations were completed across the State. Thirty-six (36) of these originated in the East Region, fifty-six (56) in the Middle Region, and forty-eight (48) in the West Region. Middle had the greatest change in the number of cases opened, from 51 to 56 cases. East and West dropped in the number of investigations opened, by 2 and 5 investigations respectively.</p> <p>Statewide, investigations were opened at a rate of 1.56 investigations per 100 people served. The twelve month average is 1.78 investigations per 100 people served. The East Region opened investigations at a rate of 1.10 investigations per 100 people served. East's twelve month average is 1.74 investigations per 100 people served. The Middle Region opened investigations at a rate of 1.58 investigations per 100 people served, and the average for the last 12 months is 1.88. The West Region opened investigations at a rate of 1.94 per 100 people served and their average for the past twelve months is 2.1.</p> <p>Seventy (70), or 50%, of the 140 investigations opened statewide in November, 2016, were substantiated for abuse, neglect, or exploitation. This was an increase in percentage as compared to the prior reporting period, which was 57 and 40%. The Middle Region substantiated investigations at the highest percentage of 55% per 100 people (31 substantiated investigations), compared to the 53% substantiated in the East Region (19 substantiated investigations), and the 42% substantiated in the West Region (20 substantiated investigations). The statewide average for the past 12 months is 46%. The monthly average by region for the past 12 months is 41% East Region, 53% Middle Region, and 40 % West Region.</p> <p>These substantiations reflect that the statewide rate of substantiated investigations per 100 people served at 0.78 during November, 2016. The Middle Region substantiated investigations at the highest rate per 100, with .96 substantiated investigations per 100 people served. The West Region substantiated investigations at the rate per 100, with .81 substantiated investigations per 100 people served. The East Region substantiated investigations was .58. The statewide percentage of investigations substantiated for the past 12 months is 45.58%; East Region is 41%, Middle 53%, and West 40%.</p> | |

E. Due Process / Freedom of Choice

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the

| East Region | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 |
|---|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | | | | | | | | | | |
| Total Service Requests Received | 2706 | 2677 | 2759 | 2475 | 2268 | 2225 | 2297 | | | | | |
| Total Adverse Actions (Incl. Partial Approvals) | 46 | 36 | 36 | 36 | 25 | 43 | 39 | | | | | |
| % of Service Requests Resulting in Adverse Actions | 2% | 1% | 1% | 2% | 1% | 2% | 2% | | | | | |
| Total Grier denial letters issued | 24 | 30 | 23 | 22 | 21 | 34 | 31 | | | | | |
| APPEALS RECEIVED | | | | | | | | | | | | |
| DELIVERY OF SERVICE | | | | | | | | | | | | |
| Delay | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | |
| Termination | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Reduction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Suspension | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Received | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | |
| DENIAL OF SERVICE | | | | | | | | | | | | |
| Total Received | 0 | 0 | 0 | 0 | 0 | 0 | 3 | | | | | |
| Total Grier Appeals Received | 0 | 0 | 0 | 0 | 0 | 0 | 4 | | | | | |
| Total Non-Grier Appeals Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total appeals overturned upon reconsideration | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | | | | | | | | | | | | |
| TOTAL HEARINGS | 4 | 0 | 1 | 0 | 0 | 1 | 0 | | | | | |
| DIRECTIVES | | | | | | | | | | | | |
| Directive Due to Notice Content Violation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Directive due to ALJ Ruling in Recipient's Favor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Other | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Directives Received | 1 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Overturned Directives | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | |
| MCC Directives | 0 | 0 | 0 | \$0 | 0 | 0 | 0 | | | | | |
| Cost Avoidance (Estimated) | \$17,064 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | |
| LATE RESPONSES | | | | | | | | | | | | |
| Total Late Responses | 0 | 0 | | 0 | 0 | 0 | 0 | | | | | |
| Total Days Late | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Fines Accrued (Estimated) | 0 | 0 | 0 | 0 | 0 | 0 | \$0.00 | | | | | |
| DEFECTIVE NOTICES | | | | | | | | | | | | |
| Total Defective Notices Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Fines Accrued (Estimated) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | |
| *fine amount is based on timely responses | | | | | | | | | | | | |
| PROVISION OF SERVICES | | | | | | | | | | | | |
| Delay of Service Notifications Sent (New) | 2 | 6 | 0 | 1 | 2 | 1 | 0 | | | | | |
| Continuing Delay Issues (Unresolved) | 3 | 4 | 5 | 2 | 2 | 4 | 5 | | | | | |
| Total days service(s) not provided per TennCare ORR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Fines Accrued (Estimated) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | |

| Middle Region | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 |
|--|----------|----------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|
| SERVICE REQUESTS | | | | | | | | | | | | |
| Total Service Requests Received | 3298 | 2805 | 2769 | 2986 | 2348 | 2480 | 2100 | | | | | |
| Total Adverse Actions (Incl. Partial Approvals) | 234 | 143 | 139 | 100 | 87 | 106 | 88 | | | | | |
| % of Service Requests Resulting in Adverse Actions | 7% | 5% | 5% | 3% | 4% | 4% | 4% | | | | | |
| Total Grier denial letters issued | 76 | 77 | 88 | 65 | 55 | 71 | 44 | | | | | |
| APPEALS RECEIVED | | | | | | | | | | | | |
| DELIVERY OF SERVICE | | | | | | | | | | | | |
| Delay | 1 | 0 | 0 | 1 | 0 | 0 | 0 | | | | | |
| Termination | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Reduction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Suspension | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Received | 1 | 0 | 0 | 1 | 0 | 0 | 0 | | | | | |
| DENIAL OF SERVICE | | | | | | | | | | | | |
| Total Received | 3 | 7 | 5 | 4 | 4 | 4 | 9 | | | | | |
| Total Grier Appeals Received | 4 | 7 | 5 | 5 | 4 | 4 | 9 | | | | | |
| Total Non-Grier Appeals Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total appeals overturned upon reconsideration | 0 | 0 | 2 | 0 | 0 | 0 | 1 | | | | | |
| | | | | | | | | | | | | |
| TOTAL HEARINGS | 2 | 1 | 0 | 3 | 3 | 1 | 2 | | | | | |
| | | | | | | | | | | | | |
| DIRECTIVES | | | | | | | | | | | | |
| Directive Due to Notice Content Violation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Directive due to ALJ Ruling in Recipient's Favor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Other | 1 | 0 | 1 | 0 | 0 | 0 | 1 | | | | | |
| Total Directives Received | 1 | 0 | 1 | 0 | 0 | 0 | 1 | | | | | |
| Overturned Directives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| MCC Directives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Cost Avoidance (Estimated) | \$32,226 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | |
| LATE RESPONSES | | | | | | | | | | | | |
| Total Late Responses | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Days Late | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Fines Accrued (Estimated) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | |
| DEFECTIVE NOTICES | | | | | | | | | | | | |
| Total Defective Notices Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Fines Accrued (Estimated) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | |
| *fine amount is based on timely responses | | | | | | | | | | | | |
| PROVISION OF SERVICES | | | | | | | | | | | | |
| Delay of Service Notifications Sent (New) | 1 | 0 | 0 | 0 | 1 | 0 | 0 | | | | | |
| Continuing Delay Issues (Unresolved) | 1 | 1 | 0 | 0 | 1 | 0 | 0 | | | | | |
| Total days service(s) not provided per TennCare ORR | 67 | 33 | 0 | 0 | 2 | 0 | 0 | | | | | |
| Total Fines Accrued (Estimated) | \$38,484 | \$16,500 | \$0 | \$0 | \$1,000 | \$0 | \$0 | | | | | |

| West Region | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| SERVICE REQUESTS | | | | | | | | | | | | |
| Total Service Requests Received | 1503 | 2079 | 1649 | 2384 | 2226 | 2159 | 1704 | | | | | |
| Total Adverse Actions (Incl. Partial Approvals) | 71 | 152 | 83 | 172 | 180 | 150 | 90 | | | | | |
| % of Service Requests Resulting in Adverse Actions | 5% | 7% | 5% | 7% | 8% | 7% | 5% | | | | | |
| Total Grier denial letters issued | 96 | 126 | 112 | 105 | 112 | 105 | 72 | | | | | |
| APPEALS RECEIVED | | | | | | | | | | | | |
| DELIVERY OF SERVICE | | | | | | | | | | | | |
| Delay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Termination | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Reduction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Suspension | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| DENIAL OF SERVICE | | | | | | | | | | | | |
| Total Received | 0 | 3 | 3 | 3 | 4 | 4 | 2 | | | | | |
| Total Grier Appeals Received | 0 | 3 | 3 | 3 | 4 | 4 | 2 | | | | | |
| Total Non-Grier Appeals Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total appeals overturned upon reconsideration | 0 | 1 | 1 | 3 | 2 | 2 | 2 | | | | | |
| | | | | | | | | | | | | |
| TOTAL HEARINGS | 2 | 2 | 1 | 0 | 4 | 4 | 2 | | | | | |
| | | | | | | | | | | | | |
| DIRECTIVES | | | | | | | | | | | | |
| Directive Due to Notice Content Violation | 0 | 0 | 0 | 0 | 2 | 2 | 2 | | | | | |
| Directive due to ALJ Ruling in Recipient's Favor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Directives Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Overturned Directives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| MCC Directives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Cost Avoidance (Estimated) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | |
| LATE RESPONSES | | | | | | | | | | | | |
| Total Late Responses | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Days Late | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Fines Accrued (Estimated) | 0 | 0 | 0 | 0 | 0 | 0 | \$0.00 | | | | | |
| DEFECTIVE NOTICES | | | | | | | | | | | | |
| Total Defective Notices Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Fines Accrued (Estimated) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | |
| *fine amount is based on timely responses | | | | | | | | | | | | |
| PROVISION OF SERVICES | | | | | | | | | | | | |
| Delay of Service Notifications Sent (New) | 2 | 0 | 2 | 1 | 1 | 1 | 3 | | | | | |
| Continuing Delay Issues (Unresolved) | 1 | 2 | 2 | 2 | 1 | 0 | 0 | | | | | |
| Total days service(s) not provided per TennCare ORR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Fines Accrued (Estimated) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | |

| Statewide | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 |
|--|-------------|----------|----------|----------|-----------|-----------|-----------|--------|--------|--------|--------|--------|
| SERVICE REQUESTS | | | | | | | | | | | | |
| Total Service Requests Received | 7507 | 7561 | 7177 | 7845 | 6842 | 6864 | 6101 | | | | | |
| Total Adverse Actions (Incl. Partial Approvals) | 351 | 331 | 258 | 308 | 292 | 299 | 217 | | | | | |
| % of Service Requests Resulting in Adverse Actions | 5% | 4% | 4% | 4% | 4% | 4% | 4% | | | | | |
| Total Grier denial letters issued | 196 | 233 | 223 | 192 | 188 | 210 | 147 | | | | | |
| APPEALS RECEIVED | | | | | | | | | | | | |
| DELIVERY OF SERVICE | | | | | | | | | | | | |
| Delay | 1 | 0 | 0 | 1 | 0 | 0 | 1 | | | | | |
| Termination | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Reduction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Suspension | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Received | 1 | 0 | 0 | 1 | 0 | 0 | 1 | | | | | |
| DENIAL OF SERVICE | | | | | | | | | | | | |
| Total Received | 3 | 10 | 8 | 7 | 8 | 8 | 14 | | | | | |
| Total Grier Appeals Received | 4 | 10 | 8 | 8 | 8 | 8 | 15 | | | | | |
| Total Non-Grier Appeals Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total appeals overturned upon reconsideration | 0 | 1 | 3 | 3 | 2 | 2 | 3 | | | | | |
| | | | | | | | | | | | | |
| TOTAL HEARINGS | 8 | 3 | 2 | 3 | 3 | 2 | 2 | | | | | |
| | | | | | | | | | | | | |
| DIRECTIVES | | | | | | | | | | | | |
| Directive Due to Notice Content Violation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Directive due to ALJ Ruling in Recipient's Favor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Other | 2 | 1 | 1 | 0 | 0 | 0 | 1 | | | | | |
| Total Directives Received | 2 | 1 | 1 | 0 | 0 | 0 | 1 | | | | | |
| Overturned Directives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| MCC Directives | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Cost Avoidance (Estimated) | \$49,290 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | |
| Cost Avoidance (Total Month-Estimated) | \$49,290 | \$0 | \$91,396 | \$0 | \$11,574 | \$0 | \$31,598 | | | | | |
| Cost Avoidance (FY 2017-Estimated) | \$1,047,036 | \$0 | \$91,396 | \$91,396 | \$102,970 | \$102,970 | \$134,568 | | | | | |
| LATE RESPONSES | | | | | | | | | | | | |
| Total Late Responses | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Days Late | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Fines Accrued (Estimated) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | |
| | | | | | | | | | | | | |
| Total Defective Notices Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Total Fines Accrued (Estimated) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | |
| *fine amount is based on timely responses | | | | | | | | | | | | |
| PROVISION OF SERVICES | | | | | | | | | | | | |
| Delay of Service Notifications Sent (New) | 5 | 3 | 2 | 2 | 4 | 2 | 3 | | | | | |
| (Unresolved) | 5 | 7 | 7 | 4 | 4 | 4 | 5 | | | | | |
| Total days service(s) not provided per TennCare ORR | 67 | 33 | 0 | 0 | 2 | 0 | 0 | | | | | |
| Total Fines Accrued (Estimated) | \$38,484 | \$16,500 | \$0 | \$0 | \$1,000 | \$0 | \$0 | | | | | |

Appeals:

The DIDD received 15 appeals in December, an 87.5% increase compared to the previous month (8 appeals received). Fiscal Year 2016 averaged 11.4 appeals received per month, indicating that December experienced a 31.5% increase in volume based on this average.

The DIDD received 6101 service requests in December compared to 6864 received in November, which is a decrease of 11.1% in volume. The average of service requests received during Fiscal Year 2016 was 7398 per month, indicating that December experienced a 17.5% decrease in volume based on this average.

3.6% of service plans were denied statewide in December compared to 4.4% in November, which is a decrease of .8%. The average of service plans denied per month during Fiscal Year 2016 was 4.4%, also showing a decrease of .8%.

Directives:

One directive was received statewide during this month. The Middle Region received a directive to provide \$12,698.00 in modifications to a person's front and back doors for an ADA ramp, widening of doors, removal and replacement of a bathroom sink, a roll-in shower, ADA toilet and removal/replacement of all carpet in the home. The region's denial was overturned per TennCare medical necessity review.

Cost Avoidance:

An Administrative Law Judge ruled in favor of DIDD regarding a denial of SL4-3 and a SNADJ from 8/31/16-8/30/17. The region approved SL4-3 from 8/31/16-9/19/16 and SL3-3 for the remaining duration. This resulted in a cost avoidance of **\$31,598.27**. Statewide, total cost avoidance is **\$134,568.41** for the fiscal year.

Sanctioning/fining issues:

There were no issues this month.

| | |
|--|--|
| F | Provider Qualifications / Monitoring (II.H., II.K.) |
| Data Source: | |
| The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance. | |

| Day and Residential Provider | Statewide | | | | Cumulative / Statewide | | | |
|---|-------------|----------------|-------------|------------|------------------------|----------------|-------------|------------|
| # of Day and Residential Providers Monitored this Month | 4 | | | | 4 | | | |
| Total Census of Providers Surveyed | 29 | | | | 29 | | | |
| # of Sample Size | 8 | | | | 8 | | | |
| % of Individuals Surveyed | 28% | | | | 28% | | | |
| # of Additional Focused Files Reviewed | 0 | | | | 0 | | | |
| | Sub. Comp.% | Partial Comp.% | Min. Comp.% | Non-Comp.% | Sub. Comp.% | Partial Comp.% | Min. Comp.% | Non-Comp.% |
| Domain 2. Individual Planning and Implementation | | | | | | | | |
| Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Outcome B. Services and supports are provided according to the person's plan. | 50% | 50% | 0% | 0% | 50% | 50% | 0% | 0% |
| Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Domain 3: Safety and Security | | | | | | | | |
| Outcome A. Where the person lives and works is safe. | 50% | 50% | 0% | 0% | 50% | 50% | 0% | 0% |
| Outcome B. The person has a sanitary and comfortable living arrangement. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Outcome C. Safeguards are in place to protect the person from harm. | 25% | 75% | 0% | 0% | 25% | 75% | 0% | 0% |
| Domain 4: Rights, Respect and Dignity | | | | | | | | |
| Outcome A. The person is valued, respected and treated with dignity. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Outcome C. The person exercises his or her rights. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Outcome D. Rights restrictions and restricted interventions are imposed only with due process. | 66% | 0% | 0% | 33% | 66% | 0% | 0% | 33% |
| Domain 5: Health | | | | | | | | |
| Outcome A. The person has the best possible health. | 75% | 25% | 0% | 0% | 75% | 25% | 0% | 0% |
| Outcome B. The person takes medications as prescribed. | 75% | 25% | 0% | 0% | 75% | 25% | 0% | 0% |
| Outcome C. The person's dietary and nutritional needs are adequately met. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Domain 6: Choice and Decision-Making | | | | | | | | |
| Outcome A. The person and family members are involved in decision-making at all levels of the system. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Outcome B. The person and family members have information and support to make choices about their lives. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Domain 7: Relationships and Community Membership | | | | | | | | |
| Outcome A. The person has relationships with individuals who are not paid to provide support. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Outcome B. The person is an active participant in community life rather than just being present. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Domain 8: Opportunities for Work | | | | | | | | |
| Outcome A. The person has a meaningful job in the community. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Outcome B. The person's day service leads to community employment or meets his or her unique needs. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Domain 9: Provider Capabilities and Qualifications | | | | | | | | |
| Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements. | 25% | 75% | 0% | 0% | 25% | 75% | 0% | 0% |
| Outcome B. Provider staff are trained and meet job specific qualifications. | 50% | 50% | 0% | 0% | 50% | 50% | 0% | 0% |
| Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person. | 50% | | | 50% | 50% | | | 50% |
| Outcome C. Provider staff are adequately supported. | 75% | 25% | 0% | 0% | 75% | 25% | 0% | 0% |
| Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board. | 100% | 0% | 0% | 0% | 100% | 0% | 0% | 0% |
| Domain 10: Administrative Authority and Financial Accountability | | | | | | | | |
| Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide. | 75% | 0% | 25% | 0% | 75% | 0% | 25% | 0% |
| Outcome B. People's personal funds are managed appropriately. | 33% | 33% | 33% | 0% | 33% | 33% | 33% | 0% |

| Personal Assistance | Statewide | | | | Cumulative / Statewide | | | |
|---|-------------|----------------|-------------|------------|------------------------|----------------|-------------|------------|
| # of Personal Assistance Providers Monitored this Month | | | | | | | | |
| Total Census of Providers Surveyed | | | | | | | | |
| # of Sample Size | | | | | | | | |
| % of Individuals Surveyed | | | | | | | | |
| # of Additional Focused Files Reviewed | | | | | | | | |
| | Sub. Comp.% | Partial Comp.% | Min. Comp.% | Non-Comp.% | Sub. Comp.% | Partial Comp.% | Min. Comp.% | Non-Comp.% |
| Domain 2. Individual Planning and Implementation | | | | | | | | |
| Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions. | | | | | | | | |
| Outcome B. Services and supports are provided according to the person's plan. | | | | | | | | |
| Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed. | | | | | | | | |
| Domain 3: Safety and Security | | | | | | | | |
| Outcome A. Where the person lives and works is safe. | | | | | | | | |
| Outcome C. Safeguards are in place to protect the person from harm. | | | | | | | | |
| Domain 4: Rights, Respect and Dignity | | | | | | | | |
| Outcome A. The person is valued, respected and treated with dignity. | | | | | | | | |
| Outcome C. The person exercises his or her rights. | | | | | | | | |
| Outcome D. Rights restrictions and restricted interventions are imposed only with due process. | | | | | | | | |
| Domain 5: Health | | | | | | | | |
| Outcome A. The person has the best possible health. | | | | | | | | |
| Outcome B. The person takes medications as prescribed. | | | | | | | | |
| Outcome C. The person's dietary and nutritional needs are adequately met. | | | | | | | | |
| Domain 6: Choice and Decision-Making | | | | | | | | |
| Outcome A. The person and family members are involved in decision-making at all levels of the system. | | | | | | | | |
| Outcome B. The person and family members have information and support to make choices about their lives. | | | | | | | | |
| Domain 9: Provider Capabilities and Qualifications | | | | | | | | |
| Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements. | | | | | | | | |
| Outcome B. Provider staff are trained and meet job specific qualifications. | | | | | | | | |
| Indicator 9.B.2.: Provider staff have received | | | | | | | | |
| Outcome C. Provider staff are adequately supported. | | | | | | | | |
| Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board. | | | | | | | | |
| Domain 10: Administrative Authority and Financial Accountability | | | | | | | | |
| Outcome A. Providers are accountable for DIDD | | | | | | | | |

Provider Qualifications / Monitoring (II.H., II.K.)

| ISC Providers | Statewide | | | | Cumulative / Statewide | | | |
|---|----------------|-------------------|----------------|-------------------------|------------------------|-------------------|----------------|-------------------------|
| # of ISC Providers Monitored this Month | | | | | | | | |
| Total Census of Providers Surveyed | | | | | | | | |
| # of Sample Size | | | | | | | | |
| % of Individuals Surveyed | | | | | | | | |
| # of Additional Focused Files Reviewed | | | | | | | | |
| | Sub. Comp.% | Partial Comp.% | Min. Comp.% | Non- compliance % | Sub. Comp.% | Partial Comp.% | Min. Comp.% | Non- compliance % |
| Domain 1: Access and Eligibility | | | | | | | | |
| Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers. | | | | | | | | |
| Domain 2: Individual Planning and Implementation | | | | | | | | |
| Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions. | | | | | | | | |
| Outcome B. Services and supports are provided according to the person's plan. | | | | | | | | |
| Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed. | | | | | | | | |
| Domain 3: Safety and Security | | | | | | | | |
| Outcome A. Where the person lives and works is safe. | | | | | | | | |
| Outcome B. The person has a sanitary and comfortable living arrangement. | | | | | | | | |
| Outcome C. Safeguards are in place are in place to protect the person from harm. | | | | | | | | |
| Domain 9: Provider Capabilities and Qualifications | | | | | | | | |
| Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements. | | | | | | | | |
| Outcome B. Provider staff are trained and meet job specific qualifications. | | | | | | | | |
| Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person. | | | | | | | | |
| Outcome C. Provider Staff are adequately supported. | | | | | | | | |
| Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board. | | | | | | | | |
| Domain 10: Administrative Authority and Financial Accountability | | | | | | | | |
| Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide. | | | | | | | | |

Provider Qualifications / Monitoring (II.H., II.K.)

| Clinical Providers- Behavioral | Statewide | | | | Cumulative / Statewide | | | |
|---|----------------|-------------------|----------------|----------------|------------------------|-------------------|----------------|----------------|
| # of Clinical Providers Monitored for the month | | | | | | | | |
| Total Census of Providers Surveyed | | | | | | | | |
| # of Sample Size | | | | | | | | |
| % of Individuals Surveyed | | | | | | | | |
| # of Additional Focused Files Reviewed | | | | | | | | |
| | Sub. Comp.% | Partial Comp.% | Min. Comp.% | Non- Comp.% | Sub. Comp.% | Partial Comp.% | Min. Comp.% | Non- Comp.% |
| Domain 2: Individual Planning and Implementation | | | | | | | | |
| Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions. | | | | | | | | |
| Outcome B. Services and supports are provided according to the person's plan. | | | | | | | | |
| Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed. | | | | | | | | |
| Domain 3: Safety and Security | | | | | | | | |
| Outcome A. Where the person lives and works is safe. | | | | | | | | |
| Outcome C. Safeguards are in place to protect the person from harm. | | | | | | | | |
| Domain 4: Rights, Respect and Dignity | | | | | | | | |
| Outcome A. The person is valued, respected, and treated with dignity. | | | | | | | | |
| Outcome D. Rights restrictions and restricted interventions are imposed only with due process. | | | | | | | | |
| Domain 6: Choice and Decision-Making | | | | | | | | |
| Outcome A. The person and family members are involved in decision-making at all levels of the system. | | | | | | | | |
| Domain 9: Provider Capabilities and Qualifications | | | | | | | | |
| Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements. | | | | | | | | |
| Outcome B. Provider staff are trained and meet job specific qualifications. | | | | | | | | |
| Indicator 9.B.2.: Provider staff have received | | | | | | | | |
| Outcome C. Provider staff are adequately supported. | | | | | | | | |
| Domain 10: Administrative Authority and Financial Accountability | | | | | | | | |
| Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide. | | | | | | | | |

| Clinical Providers- Nursing | Statewide | | | | Cumulative / Statewide | | | |
|---|----------------|-------------------|----------------|----------------|------------------------|-------------------|----------------|----------------|
| # of Clinical Providers Monitored for the month | | | | | | | | |
| Total Census of Providers Surveyed | | | | | | | | |
| # of Sample Size | | | | | | | | |
| % of Individuals Surveyed | | | | | | | | |
| # of Additional Focused Files Reviewed | | | | | | | | |
| | Sub. Comp.% | Partial Comp.% | Min. Comp.% | Non- Comp.% | Sub. Comp.% | Partial Comp.% | Min. Comp.% | Non- Comp.% |
| Domain 2: Individual Planning and Implementation | | | | | | | | |
| Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions. | | | | | | | | |
| Outcome B. Services and supports are provided according to the person's plan. | | | | | | | | |
| Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed. | | | | | | | | |
| Domain 3: Safety and Security | | | | | | | | |
| Outcome A. Where the person lives and works is safe. | | | | | | | | |
| Outcome C. Safeguards are in place to protect the person from harm. | | | | | | | | |
| Domain 4: Rights, Respect and Dignity | | | | | | | | |
| Outcome A. The person is valued, respected, and treated with dignity. | | | | | | | | |
| Outcome D. Rights restrictions and restricted interventions are imposed only with due process. | | | | | | | | |
| Domain 5: Health | | | | | | | | |
| Outcome A. The person has the best possible health. | | | | | | | | |
| Outcome B. The person takes medications as prescribed. | | | | | | | | |
| Outcome C. The person's dietary and nutritional needs are adequately met. | | | | | | | | |
| Domain 6: Choice and Decision-Making | | | | | | | | |
| Outcome A. The person and family members are involved in decision-making at all levels of the system. | | | | | | | | |
| Domain 9: Provider Capabilities and Qualifications | | | | | | | | |
| Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements. | | | | | | | | |
| Outcome B. Provider staff are trained and meet job specific qualifications. | | | | | | | | |
| Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person. | | | | | | | | |
| Outcome C. Provider staff are adequately supported. | | | | | | | | |
| Domain 10: Administrative Authority and Financial Accountability | | | | | | | | |
| Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide. | | | | | | | | |

| Clinical Providers- Therapy | Statewide | | | | Cumulative / Statewide | | | |
|---|----------------|-------------------|----------------|-------------------------|------------------------|-------------------|----------------|-------------------------|
| # of Clinical Providers Monitored for the month | | | | | | | | |
| Total Census of Providers Surveyed | | | | | | | | |
| # of Sample Size | | | | | | | | |
| % of Individuals Surveyed | | | | | | | | |
| # of Additional Focused Files Reviewed | | | | | | | | |
| | Sub. Comp.% | Partial Comp.% | Min. Comp.% | Non- compliance % | Sub. Comp.% | Partial Comp.% | Min. Comp.% | Non- compliance % |
| Domain 2: Individual Planning and Implementation | | | | | | | | |
| Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions. | | | | | | | | |
| Outcome B. Services and supports are provided according to the person's plan. | | | | | | | | |
| Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed. | | | | | | | | |
| Domain 3: Safety and Security | | | | | | | | |
| Outcome A. Where the person lives and works is safe. | | | | | | | | |
| Outcome C. Safeguards are in place to protect the person from harm. | | | | | | | | |
| Domain 4: Rights, Respect and Dignity | | | | | | | | |
| Outcome A. The person is valued, respected, and treated with dignity. | | | | | | | | |
| Outcome D. Rights restrictions and restricted interventions are imposed only with due process. | | | | | | | | |
| Domain 6: Choice and Decision-Making | | | | | | | | |
| Outcome A. The person and family members are involved in decision-making at all levels of the system. | | | | | | | | |
| Domain 9: Provider Capabilities and Qualifications | | | | | | | | |
| Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements. | | | | | | | | |
| Outcome B. Provider staff are trained and meet job specific qualifications. | | | | | | | | |
| Indicator 9.B.2.: Provider staff have received | | | | | | | | |
| Outcome C. Provider staff are adequately supported. | | | | | | | | |
| Domain 10: Administrative Authority and Financial Accountability | | | | | | | | |
| Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide. | | | | | | | | |

QA Summary for QM Report (thru 1/2017 data)

| Performance Overview- Calendar Year 2017 Cumulative: | | | | | | | |
|--|-----------|-----------------|---------------------|----------------------|------------|---------|---------|
| Performance Level | Statewide | Day-Residential | Personal Assistance | Support Coordination | Behavioral | Nursing | Therapy |
| Exceptional Performance | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Proficient | 50% | 50% | N/A | N/A | N/A | N/A | N/A |
| Fair | 50% | 50% | N/A | N/A | N/A | N/A | N/A |
| Significant Concerns | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Serious Deficiencies | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Total # of Providers | 4 | 4 | N/A | N/A | N/A | N/A | N/A |

Day / Residential Providers:

Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewed: East- Joyful Care; Middle- Chris’ Home, Pauline and Thomas Healthcare, Extended Family Care; West- Tim’s Place.

East Region:

Joyful Care, Inc.: The 2017 QA survey resulted in the agency receiving a score of 52. This places them in the proficient range of performance. Compared to their 2016 survey results, this is a 4-point increase in compliance (48-Proficient in 2016). This increase in compliance was specific to improvement identified in Domains 2 (PC-SC) and 10 (PC-SC).

The provider should focus efforts to ensure the following:

- Crisis Intervention Policy includes requirements identified in the DIDD Provider Manual.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.

Personal funds accounts: 1 account was reviewed, 0 contained issues.

Middle Region:

Chris’ Home- Day/Res: The exit conference was declined by the provider.

Scored 50 Proficient on the 2017 QA survey.

- The agency scored 48 Proficient on the 2016 QA survey.
- Domain 3 decreased from Substantial to Partial Compliance.
- Domain 5 & 10 increased from Partial to Substantial Compliance.
- Domain 9 remained Partial Compliance.
- Domain 3: There were no new employees hired during the past year. Vehicle inspections did not occur for seven months.
- Domain 9: Training was not completed timely for the 6 tenured staff reviewed. CPR and First Aid training scored 50% and Medication Administration recertification scored 83.3%.
- No billing issues were identified. The agency does not serve as Representative Payee for the individual.

Pauline & Thomas- Day/Res: The exit meeting was held via phone on January 27, 2017.

Scored 42 Fair on the 2017 QA survey.

- The agency scored 48 Proficient on the 2016 QA survey.
- Domains 2 & 3 decreased from Substantial to Partial Compliance.
- Domain 10 decreased from Partial to Minimal Compliance.
- Domains 5 & 9 remained Partial Compliance.
- Domain 2: Documentation of Supported Living Level 4 services did not reflect the timeframes that staff members were working.
- Domain 3: The Criminal Background and State of Tennessee Registry checks were completed timely with a compliance rating of 94.3% for the 53 new staff reviewed. A consistent process for documenting the resolution of any safety issues identified during the completion of supervisory visits was not implemented. A monthly trend analysis of Medication Variance data was completed; however, this information could not be considered valid due to issues with documentation that were noted by agency staff.
- Domain 5: The agency failed to obtain a specialty consult timely and did not complete a follow through with a therapy evaluation. There was no documentation to support why the visits did not occur. Numerous issues were identified for one individual for medication administration due to medications not being available or not being administered per physicians’ orders. Results of PRN medication administration were not documented.
- Domain 9: The agency management plan does not contain a description of services. This is a repeat issue. Training was not completed timely for the new staff or the 20 tenured staff reviewed. Nine modules for new staff training were 74.5% compliant or below. CPR and First Aid training scored 85% compliant for tenured staff. A sanction will occur.
- Domain 10: Billing issues were identified for 3 individuals reviewed due to lack of documentation for PA services, billing for Community Based Day services when the individual was in the home, lack of documentation of the proper level of staffing in the home, and billing when the individual was with their family. Rebilling and recoupment occurred. Personal Funds Management issues were identified for 4/4 individuals reviewed. Bank reconciliations were not completed accurately, 2/4 accounts were over the allowable limit for 8 months, Personal Allowance Logs were not maintained for 3/4 individuals reviewed, receipts were not maintained, bank fees were incurred, repairs were paid by an individual without HRC approval, bill payment incorrectly split, and late fees were incurred. Personal property inventories did not contain the date of acquisition, description of the items, and the value. Conservatorship papers and Social Security Award letters were unavailable for review.
- Extended Family Care- Day/PA: A billing only review was completed on January 26, 2017. Recoupment was identified for PA and Day services due to lack of documentation to support billing.

West Region:

Tim's Place – Residential/day single person provider scored 46 of 54/Fair on the QA survey exited 1/24/17.

- Compared to their 2016 survey results, this is a 2-point increase in compliance (44-Fair in 2016). Improvements were identified in Domains 5 (PC-SC) and 9 (PC-SC); issues were identified in Domain 4 (PC-MC).
- The agency needs to ensure:
 - Documentation supports implementation of action steps from the current ISP;
 - A Crisis Intervention Policy is developed and approved by a Human Rights Committee;
 - Background and registry checks for new hires are completed timely;
 - Agency process for procuring informed consent includes ensuring the person and Human Rights Committee are knowledgeable about the restriction/s proposed or implemented and consents are renewed as required;
 - The agency's self-assessment should be expanded to include additional emphasis on provision and documentation of ISP supports and services, periodic monitoring of the plan's implementation, and adequate informed consent and review of restrictions; and
 - Adequate personal funds policies are in place.
- Outcome 10A, billing, scored SC; recoupment is pending for a few isolated billing issues.
- Outcome 10B, personal funds management, scored PC. The provider generally is proactive in finding and making necessary reimbursements to the person; however, some reimbursement is needed due to items paid for which no receipts or bills could be provided.

Personal Assistance: East- no reviews; Middle- no reviews; West- Dynamic Family Care Center.

West Region:

Dynamic Family Care Center – Initial consultation survey completed for this provider of Personal Assistance and Day, including Employment, services on 1/25/17. Service initiation began in October 2016.

The agency needs to ensure:

- Outcomes and action steps implemented are from the current ISP;
- Safety equipment required by agency policy (e.g., fire extinguishers and first aid kits in vehicles used to transport people) is present;
- Agency policies are consistent with current DIDD requirements;
- A Crisis Intervention Policy is developed and approved by a Human Rights Committee;
- Only the TBI or a TN licensed private investigation company is used to complete criminal background checks on employees, and all documentation supporting the completion of registry checks contains the name of the staff and date the check was completed;
- Supervisory visits completed of staff providing Personal Assistance services are unannounced at least once each month; and
- All staff complete required training timely and staff who may provide direct supports are fully trained in accordance with requirements for DSPs.

ISC Providers:

Providers reviewed: East- no reviews; Middle: no reviews; West- no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers :

Providers reviewed:

Nursing Providers:

Providers reviewed:

Therapy Providers:

Providers reviewed:

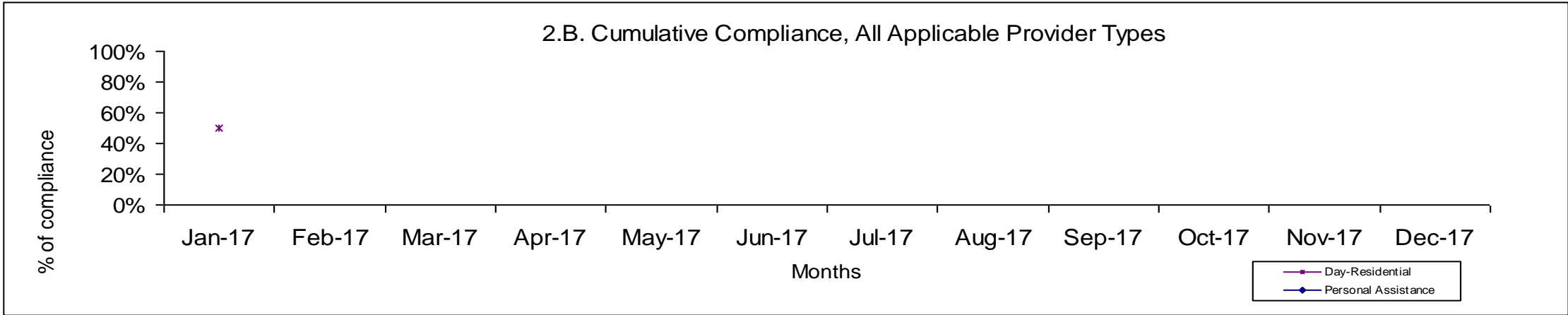
Special Reviews:

Current Month:

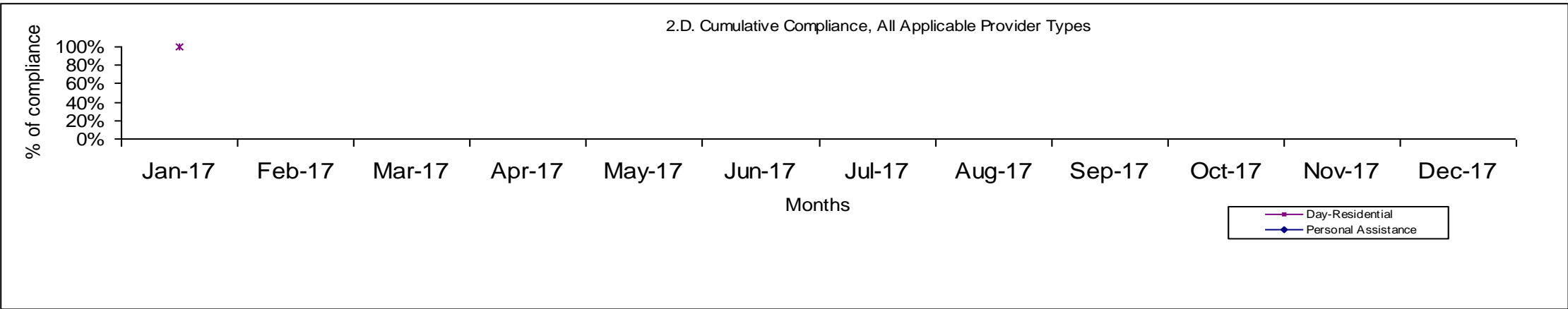
Domain 2, Outcome B (Services and Supports are provided according to the person’s plan.)
Domain 2, Outcome D (The person’s plan and services are monitored for continued appropriateness and revised as needed.)

| Provider Type | 2.B. % of Providers in Compliance | 2.D. % of Providers in Compliance |
|---------------------|-----------------------------------|-----------------------------------|
| Day-Residential | 50% | 100% |
| Personal Assistance | N/A | N/A |

Cumulative Data:



Cumulative Data:

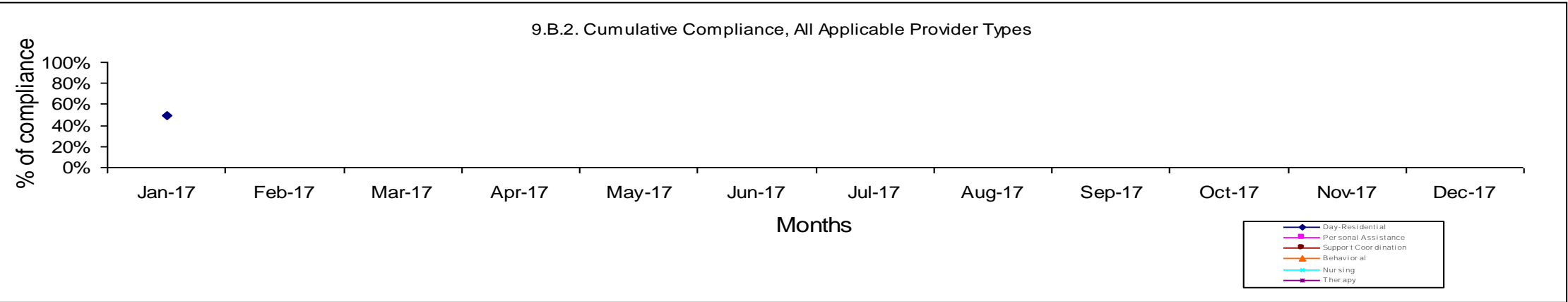


Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

| Provider Type | % of Providers in Compliance |
|----------------------|------------------------------|
| Day-Residential | 50% |
| Personal Assistance | N/A |
| Support Coordination | N/A |
| Behavioral | N/A |
| Nursing | N/A |
| Therapy | N/A |

Cumulative Data:



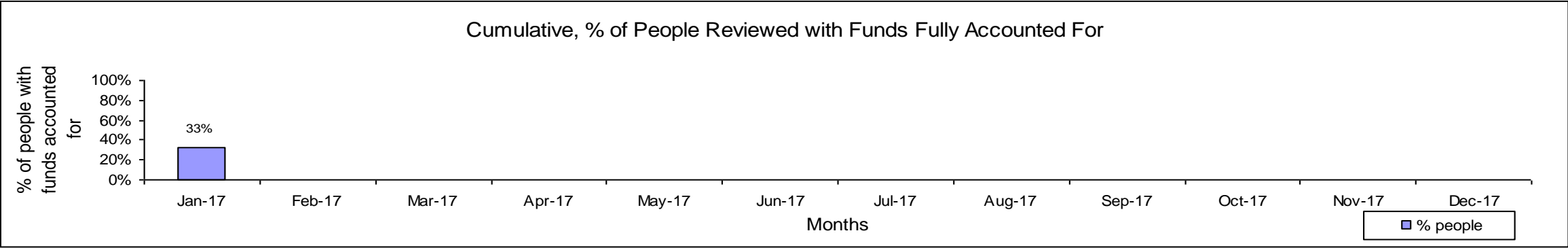
| | |
|----------|---|
| F | Provider Qualifications / Monitoring (II.H., II.K.) Personal Funds |
|----------|---|

Data Source:

Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

[illegible][illegible][illegible][illegible][illegible]

| Region | % of Personal Funds Fully Accounted For |
|-----------|---|
| East | 100% |
| Middle | 0% |
| West | 100% |
| Statewide | 33% |



Analysis:
 The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy. See references under provider summaries above.

Follow-up action taken from previous reporting periods:
 The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.